

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

Yes

No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new or a statement of Organization.	name		
Carter for Council			į
2. Acronym or Abbreviated Name (if any)	3. Commit	tee Telephone Number	
2. Addition of Additional Marie In Mary	1)	
4. Mailing Address (address where all campaign finance correspondence is received) 13312 Sedgwick Lane	heck if this is	a new address	
5. City, State, ZIP Code Carmel, IN 46074	6. Party A	ffilation <i>(if applicable)</i> can	
CANDIDATE INFORMATION (For Candidate's C	ommittees	Only)	
7. Full Name of Candidate (include any nickname)	8. Party A	ffillation or If Independent	Candidate
Carter for Council	Republi	can	
9. Office Sought (Include district number, if any. Not required for exploratory committee.) City Council At-Large	10. Count Hamilto	y of Residence n	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one: ☐ Pre-Primary ☐ Pre-Election ✔ Annual ☐ Nomination ☐ Other		Check one:	ntlon
Final/Disbands Committee (Enes 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of	f Organization)	Post-Conve	ention
12. Reporting Period:		COLUMN A	COLUMNIB
From: 1/1/14 Through: 12/31/14		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	eio0	4,758.70	
14. Cash on hand and investments January 1, current year.		KWATEN PROTESTA	4,758.70
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		11,230.00	11,230.00
15a, Itemized (use Schedule A)		20,00	20.00
15b. Unitemized	OTAL	11,250.00	11,250.00
Too. you ameed too and Too at our contract	TOTAL	16,008.70	16,008.70
To, / Add lifed To data Too will be a fine to the first the first to t	IOIAL	10,000.70	10,008.70
EXPENDITURES			ander Season Inc.
(Note: These amounts include in-kind expenditures and loan repayments.)		1,461.54	1,461.54
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		242.00	242.00
17b. Unitemized	TOTAL	1,703.54	1,703.54
Tro./ (dd lines 11 d did 11 bit bed) estatus	TOTAL	14,305.16	14,305,16
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	12,341.02	14,000,10
19. Debts OWED BY the committee (use Schedule D)		12,341.02	
20. Debts OWED TO the committee (use Schedule E)			D OFFICE HEE ONLY

FICATION

OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title

Date

Date

Date

Date

A person who knowingly son who fails to file a complete or accurate report as required by the Indiana nd may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK HIK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from seles, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an Individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	HIRE	NUM	BER	
Page_	2	of	14	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Terrance Flannery 2405 Glendower Street Los Angeles, CA 90027	Contributions: Direct In-Kind (describe)	500.00	600.00	10/20/14
Contributor's Occupation (d'required)	Other Receipts: Interest Loan Misc. (specify)			
2. Yillis R. Conner 7269 Shadeland Stallon Indlanapolis, IN 48268	Contributions: X Direct In-Kind (describs)	1,000.00	1,000.00	10/16/14
Contributor's Occupation (#1001/46/)engineer	Other Receipts: Interest Loan Misc. (specify)			•
3. Richard & Janet Starkey 4269 Roland Drive Indianapolis, IN 46228	Contributions: Direct In-Kind (describe)	200.00	200.00	10/28/14
Contributor's Occupation (if required)	Other Receipls: Interest Loan Misc. (specify)			AAAAA
4. Curlis Coonrod PO Bpx 26247 Indianapolis, IN 46228	Contributions: Direct In-Kind (doscribe)	500.00	500.00	10/15/14
Contributor's Occupation (if required)	Other Receiple: Interest Loan Misc. (specify)			
5. Benjamin Roeger 5151-yndon Way Westfield, IN 46074	Contributions: Direct In-Kind (describe)	500,00	500.00	10/23/14
Contributor's Occupation (frequired)	Other Receipté: Interest Loan Miso. (specify)			
	THIS PAGE OF SCHEDULE A	\$1,700.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet	\$		



State Form 4606 (R13/11-05) Indiana Etection Commission (IC 3-9-6-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIOUALS ON THIS SCHEDULE, Please type or print legibly IN BLACK INK all information on this schedule, For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, intensi or other Income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FI	LE NUM	BER	
Page_	3	of _	14	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)	Contributions:	PERIOD 500.00	YEAR TO DATE	RECEIVED BY 10/29/14
1. Brian & Deborah Stoughton 2310 Sawmiil Road FLWayne, IH 46845	Direct In-Kind (describe)	0,0,1		
Contributor's Occupation (frequired)	Other Receipts: Interest Loan Miso, (specify)			
2. Zekir Khan 9999 Dilch Rd Carmel, IN 46092	Contributions: Direct In-Kind (describe)	600.00	600,00	10/29/14
Contributor's Occupation (drequired)	Other Receipts: Interest Loan Miso. (specify)			
3. Bruce Donaldson 6745 N. Winthrop Ave Indianapolis, iN 48220	Contributions: Direct In-Kind (describe)	250.00	250,00	10/29/14
Contributor's Occupation (frequired)	Other Receipts; Interest Loan Miso. (specify)			
4. Bruce Donaldson 5745 N. Winthrop Ave Indianapolis, IN 46220	Contributions: Direct In-Kind (describe)	250.00	500.00	10/21/14
Contributor's Accupation (म required)	Other Receipts; Interest Loan Misc. (specify)			
6. Brian & Bethany Burdick 11929 Forest Dr Carmel, IN 46033	Contributions: Direct In-Kind (describe)	430.00	430,00	10/29/14
Contributor's Ocsupation (#10quired)	Other Receipts: Interest Loan Miso. (specify)			
	THIS PAGE OF SCHEDULE A	\$1,930.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 16a of the Summary Sheel)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, Interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page_	4	of_	14	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY 10/30/14
t,	Contributions:	600.00	ขบบเบบ	10/30/14
Richard & famara half 1514 Prestwick Circle	Direct In-Kind (describe)	:		
Carmel, IH 46032	T Histrier (negotion)			
-	Other Receipts:			
	☐ Interest ☐ Loan			
Contributor's Occupation (frequired)	Miso. (specify)	:		
				10/00/44
2.	Contributions:	100.00	100.00	10/29/14
Juris Jansons	Direct			
9320Spring Forest Dr Indianapolis, IN 46260	☐ In-Kind (doscribe)			
	Other Receipts:			
	Interest Loan			
Contributor's Occupation (frequired)	Misc. (specify)	,		
3.	Contributions:	1,090.00	1,000.00	10/29/14
	Direct			
W Michael & Susan Wells 4929 Deer Ridge Dr S	In-Kind (describe)			
Garmel, IN 46033				
·	Other Receipts:			
	Miso. (specify)			
Contributor's Occupation (drequired)insurance				
4.	Contributions:	500.00	500,00	10/29/14
Daye & Linda Richter	Direct			
6037 Hollythron PI	in-Kind (describe)			
Carmel, IN 46033			1	
	Other Receipts:			
Contributor's Occupation (if required)	Miso. (specify)			
Original Propagation (1177)		j		
6.	Contributions:	100.00	100.00	10/30/14
John & Sylvia Dyar	D)rect			
6639 N Ewing 81 Indianapolis, iH 46220	In-Kind (doscribe)			
noninfalshi ansaa	Other Develop	1		
	Other Receipts:		1	ļ
Contributor's Occupation (d required)	Miso. (specify)		[
, ,				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$2,200.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		
(Enter total on ITE	M 15a of the Summary Sheet)			



State Form 4606 (R13/11-05) Indiana Etection Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts lotated on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebales, returns of deposit, proceeds from sales, interest or other Income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedula (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page_	5	of	14	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Nancy Sonlag 44f Firefly Lane	Contributions: Direct In-Kind (describe)	100,00	100,00	10/30/14
Carmel, IH 46032 Contributor's Occupation (A required)	Other Receipte: Interest Loan Miso. (specify)			
2. Kiicholas & Kim Kiio 1114 Grayson Drive Greenfield, IN 46140	Contributions: Direct In-Kind (describe)	100.00	100.00	10/31/14
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			,
	Other Receipts: Interest Loan Miso, (specify)			
Contributor's Occupation (frequired)	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (frequired) 5.	Contributions:			
	☐ D recl☐ In-KInd (describe)			
	Other Receipts: Interest Loan Miso. (specify)			
Contributor's Occupation (& required)		4 000 00		
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A	\$ 200.00		
	4 15a of the Summary Sheet)	\$6,030.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please typo or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebales, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 it regular party committee).

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CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
(street, number, city, state, ZIP code) 1. Mr. B's Lawn Care 7058 E. 171 ^a Street Hoblesville, (N. 46062	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miso. (specify)	300.00	300.00	10/27/14
2. Nelson & Frankenburger 3105 E 95 th Streat Suite 170 Indianapolis, IN 46280	Contributions: Direct In-Kind (describe) Other Recolpts: Interest Loan Misc. (specify)	500.00	500.00	10/29/14
3. Drewry Simmons Vornheim LLP 76 Hanover Place Guite 200 Carmel, IH 46032	Contributions: Direct In-Kind (describe) Other Receipts: Interest I Loan Atiso. (specify)	00,00	500.00	10/28/14
4. Keller Macakuso LLC 770 3 ⁻³ Ava SW Garmel, IN 46032	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miso. (specify)	300.00	300.00	10/28/14
5. Barnes & Thornburg LLP 11 South Meridian Street Indianapolis, IN 46204	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miso. (specify)	500,00	500.00	10/29/14
SUBTO	TAL THIS PAGE OF SCHEDULE A	\$2,100.00		
TO OF COULT	ULE A ON THE LAST PAGE ONLY ITEM 15a of the Summary Sheet	7 1		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legisty IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FIL	E NUN	BER	
Page_	1	of	14	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
(street, mumber, city, state, ZIP code) 1. University Shoppes LLC 47 S Pennsylvania Si 10^ Ficor	Contributions: Direct In-Kind (describe)	PERIOD 2000.00	2000.00	10/28/14
Addisnapolis, IN 48204	Other Receipts: Interest Loan Misc. (specify)		300.00	10/23/14
2. Gradex Inc 12800 N Meridian St Suits 120	Contributions: Direct In-Kind (describe)	300.00	300.00	10120
Carmel, iH 46032	Other Receipts: Interest Loan Miso. (specify)	300,00	300.00	10/23/14
3. A&F Engineering Co LLC 8365 Keystone Crossing Suite 201	Contributions: Direct In-Kind (describe) Other Receipts:	3333		
Indianapolis, IH 46240	☐ Interest ☐ Loan ☐ Misc. (specify) Contributions:			
4,	Other Receipts:			
	Interest Loan Miss. (specify) Contributions:			
5.	Direct In-Kind (describe) Other Receipts:			
	Interest Loan Misc. (specify) TAL THIS PAGE OF SCHEDULE A	\$2,600.00		
THE STATE OF THE S	JLE A ON THE LAST PAGE ONLY ITEM 15a of the Summary Sheet)	¢4.700.00		



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE, Please type of print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts letted on ITEM 15a of the Summary Sheet. At cumulative contributions from labor organizations OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). OVER \$100 per contributor, within a calendar year, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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			GOLUMN B	DATE
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A MOUNT THIS PERIOD Y	COLUMN B CUMULATIVE EAR-TO-DATE	RECEIVED RECEIVED BY
t.	Contributions: Direct In-Kind (describs)			
	Other Receipts: Interest Loan Miso. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipla: Interest Loan Miso. (specify)			·
3.	Contributions: Direct In-Kind (describe)		•	
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct tn-Kind (describe)			
	Other Receiple: Interest Lan Miso. (specify)			
5.	Contributions: Direct In-Klad (describe)			
	Other Receipts: Interest Loan Miso. (specify)			
SUBTO	AL THIS PAGE OF SCHEDULE A	\$0.00		
TO OF COLLECT	ILE A ON THE LAST PAGE ONLY ITEM 15a of the Summary Sheet)	\$ 0.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page_	9	of _	14	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Carmel Professional Firefighters Local 4444 Political Action Committee 2 Civic Square	Contributions: Direct In-Kind (describe)	500.00	300 .00	14170114
Carmel, IN 48032	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)		***************************************	
	Other Receipts: Interest Losn Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miso. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Recoipts: Interest Loan Misc. (specify)		The state of the s	
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miso. (spacify)			
SUBTOTA	L THIS PAGE OF SCHEDULE A	\$ 500.00		
TOTAL OF ALL PAGES OF SCHEDUL	E A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$ 500.00		



(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or pinit legibly IN BLACK INK as information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts lotated on TIEM 15g of the Summary Sheet. At cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebutes, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMB	ER	
Page_	10	of_	14	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions; Direct In-Kind (describe)			
	Other Receipts; Interest Loan Misc. (specify)			
2,	Contributions: Direct In-Kind (describe)			
	Other Receiple; Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Olher Recelpis: Interest Loan Miso. (specify)			
4.	Contributions; Direct In-Kind (describe)			
	Other Receipts: Interest I toen Misc. (specify)		,	
5.	Contributions: Direct In-Kind (doscribe)			
	Other Receipts: Interest Loan Misc. (specify)			
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE	ON THE LAST PAGE ONLY	\$ 0.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverso side. This schedule is used to document expenditures <u>folated on ITEM 17a</u> of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a catendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as trensfers-out from candidate, legistative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUME	BER	
Page _	11	of_	14	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMNA AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
[street, transcer, Cryy, strice 21/2 Come)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE
CodeF Mallow Run Winery 6964 W Whiteland Rd Bargersylle, IN 46106	winery	Direct	257.52	257.52	11/3/14
CodeF_ Meljer 14254 W Carmel Dr Carmel, IN 46032	supermarket	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	123.45	123,45	10/23/14
Code_F Brett Waliczok	consultant	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	200.00	200.00	10/29/14
CodoF Urban Ledie 974 Oscar Lene Carmel, IN 46032	caterer	Fundraiser support Direct ' In-Kind Payment of Debt Returned Contribution Other Purpose:	260.00	260.00	10/28/14
Code_C_ Sue Finkham Committee	council woman	Food Direct X In-Kind Payment of Debt Returned Contribution Other Purpose:	275.00	275.00	11/5/14
CodeO Office Max 14760 US 31 Carmel, IN 46032	office stare	Fundraising supplies Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Office supplies	345.57	345.57	11/4/14
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
<u>, , , , , , , , , , , , , , , , , , , </u>	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$ 1,461.54	30.350 min. b. 38	
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE		\$ 1,461.54		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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	Page	17	of	
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SHOWN SHOWS SHOW	CONTRACTOR OF THE PARTY OF THE		500000000000000000000000000000000000000	

				14	
Enter Text of Public Question	PUBLIC QUESTIO	NINEORMATION			
1 "	Local				
Position: Supported Dpp		TYPE OF EXPENDITURE	COLUMN A	COLUMN B	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	and PURPOSE (bo specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code		□ Direct □ In-HOnd			
		Payment of Debt Returned Contribution			
		OtherPurpose:			
		·			
Code		☐ Direct ☐ In-Kind			
		Returned Contribution			
		DOther Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
4008		☐ Payment of Debt ☐ Returned Contribution			
		Other			
		Purpose:			
Code		Direct In-Kind			
· · · · · · · · · · · · · · · · · · ·		☐ Payment of Debt ☐ Returned Contribution			
		☐ Other Purpose:			
	- 1				
Codo		Direct lin-Kind Payment of Debt			
	:	Returned Contribution			
		Purpose:			
	SUBTOTAL THIS PAG	E OF SCHEDULE C	\$ 0,00		
TOTAL OF ALL PAG	GES OF SCHEDULE C ON THE (Enter total on ITEM 17a of t	LAST PAGE ONLY	\$ 0,00		
	(Eillet lotal on HEM 1/8 Of t	no oummary oneet)			



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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"ISTRUCTIONS: Please type or print legibly IN BLACK INIK all information on this form. For assistance in completing this redule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the unmittee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

loans of at least \$1,000 during the calendar year.	Quierwise, uns is optionen.			
CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S AME & MAILING ADDRESS (if any) treet, number, city, state, ZiP code)	AMOUNT	DATE DEBT CUMULATIVE PAID YEAR-TO-DATE	BALANCE THIS
Ronald Carter		41.01	6 28 02	4101
LENDERS OCCUPATION		Wan		, , , , , , , , , , , , , , , , , , ,
Royald Carter 1311 Ridg Rd. Carnel IN 40033		13.03	7/30/02	54.64
ROMODA Arter		Wan		
1311 Rioge Ad. Carnel, IN 46033		100.00 Wan	32103	154.64
Ronald Carter 1311 Rick Rd.		77.97	3/22/03	232.61
Carmel, 1 NG 033		lvan		1
Ronald Carter 1311 Ridge Rd.	•	1350,58	3/24/03	1583.19
Carmel, 14 40033 Ronald Carter		Luan		
1311 Ridge Rd. Carmel, IN 46033		118.72 Wan	3 27 03	1701.91
Ronald Carter 1311 Ridge Rd.		569.64		2271.55
Carnel IN 46033		Wan	4/6/03	
		SUB TOTA	L THIS PAGE OF SCHEDULE	· 2271.55
	TOTAL OF AI (Enter total o	L PAGES OF SCHEDUL	E D ON THE LAST PAGE ONL ry Sheet)	Y \$.



(CFA-4 SCHEDULE D)
Debts Owed by This Committee

Slate Form 4606 (R8 / 8-97)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1997

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Page	2	of	2	

In TRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING
& MAILING ADDRESS	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
Ronald Carter 1311 Ride Rd. Carnel. 170033 Ronald Carter	·	191.81	4/11/03		2463.34
LENDERS OCCUPATION: 40033		loan			
RONALD CARTER 1311 Ridge Rd. CARNELL MU033 LENDERS OCCUPATION: 40033		24.23	4/13/03		2487.59
Carnel, My 4033		Wan			
Ronald Carter		3337. 90	3/10/95		58 25,49
		loan.	.		
LENDERS OCCUPATION:					
			_	_	<u> </u>
		-			
LENOERS OCCUPATION:				i i	
			1		
LENDERS OCCUPATION:					
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LENDERS OCCUPATION:					
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LENG OCCUPATION:				OF SCHEDULE I	3553 90

TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY

(Enter total on ITEM 19 of the Summary Sheet)

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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LUCTIONS: Please type or print legibly IN BLACK INIX all information on this form. For assistance in completing this screedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWIED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, include all amounts owed for or to redit card institutions, include all amounts over to redit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

(if any) NATURE OF DEBT	- INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
3985.33 loan	4/28/03		- · 9810.82
43.92 Loan	6303		 19854.75
300.87 Wan	5/6/03		10,161.61
38.69 Wan	43903	·	10,200.3
47.32 Wan	5/3/03		10,247.6
SUB TO	ral this page o	F SCHEDULE D	:4422.1.
·	13.92 10an 300.87 10an 38.19 10an 47.32 10an	13.92 103.87 1003 1000 300.87 5/6/03 1000 47.32 1000 1000 1000 1000 1000 1000 1000 10	13.92 1000 1000 1000 1000 1000 1000 1000 10



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions; individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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Page	_ of	

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT:	DATE DEBT INCURRED		OUTSTANDIN BALANCE TH PERIOD
Ronald Carter 12715 Stanwith Curmel IN 46033	my Campaign Stave PO BOX 594 Jeffersonville, IN 47	1.749.34 131 LOAN	31107	· · · · · · · · · · · · · · · · · · ·	11996914
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION.					
LENDER'S OCCUPATION:		SUBTO	TAL THIS PAGE	OF SCHEDULE D	1749,34

TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY

(Enter total on ITEM 19 of the Summary Sheet)



State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all Information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit d accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A .der's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE	NUMBI	ER	
Page _		of	12	

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Ronald Carter 12715 Stanwith Carmel, 12140033	OSP Printing 102 W. Carnel D Carnel, 1N 40032	1.\$286.20 Wan	4/27/07		12,283.14
Ronald Carter 12715 Stanwich Carnel, IN 46033	le Peep Carnel, M	32.86 Wan	4/20/07		12,316.02
DER'S OCCUPATION:					
LENDER'S OCCUPATION: LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:		SUBTOT	AL THIS PAGE	OF SCHEDULE D	319.04

TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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Page_	95 of 18	5

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
& MAILING ADDRESS (street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
Ronald E. Carter		25.00			
12715 Stanwill Pl.			3/29/11		12,316.02
Carmel, IN 40033		loan			,
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					
			L'energe de la constant de la consta		
LENCER'S OCCUPATION:					
LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION:		SUBTOTA	AL THIS PAGE (OF SCHEDULE D	\$ 25

TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY

(Enter total on ITEM 19 of the Summary Sheet)



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (steet, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT CUMUL/ MCURRED PAIR YEAR-TO) I BALANCE THIS
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				LE \$ 0.00
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